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**Substitute for form 1449/PTO**

## **INFORMATION DISCLOSURE STATEMENT BY APPLICANT**

(Use as many sheets as necessary)

Sheet 1

of 2

**Complete If Known**

Application Number	
Filing Date	
First Named Inventor	<b>PESCATORE</b>
Art Unit	
Examiner Name	
Attorney Docket Number	<b>14XZ126466</b>

**U. S. PATENT DOCUMENTS**

## FOREIGN PATENT DOCUMENTS

FOREIGN PATENT DOCUMENTS					
Examiner Initials*	Cite No. <sup>1</sup>	Foreign Patent Document	Publication Date	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages Or Relevant Figures Appear
		Country Code <sup>2</sup> "Number <sup>3</sup> "Kind Code <sup>4</sup> (if known)	MM-DD-YYYY		
JS		FR 2823968 A1	10-31-2002	GE MEDICAL SYSTEMS GLOBAL TECHNOLOGY LLP	

**Examiner  
Signature**

Merle Yer

Date Considered

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		Country Code* Number* Kind Code* (if known)	MM-DD-YYYY		T*
J.Y.		EP 1081647A1	03-07-2001	GE MEDICAL SYSTEMS SA	
J.Y.		EP 0343600 A1	11-29-1989	GENERAL MEDICAL MERATE SPA	

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Merle Grey

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